

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/586323	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
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TOTAL IND.	3	↓	0	↓	0	↓		
TOTAL DEP.	21	←	0	←	0	←		
TOTAL CLAIMS	24		0		0			
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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100								
TOTAL IND.	0	↓	0	↓	0	↓		
TOTAL DEP.	0	←	0	←	0	←		
TOTAL CLAIMS	0		0		0			